

BR

**RECEIVED**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

APR 29 2008  
APR 29, 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Dawayne Tolliver

Magistrate Judge Nolan

Judge Manning

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

AMENDED

vs. # Case No: 08C0198  
(To be supplied by the Clerk of this Court)

Kerry Pentimone Badge  
Police Officer DobeK  
Police Officer John Doe's

from Grand & Central Station Police

In their Individual  
Capacities denying me  
Medical Treatment 9-23-07  
Grand & Central Police Station

Liability of Supervisory Officers, Other Officers present  
at the scene, Individual Officer with immediate contact  
with the plaintiff On 9-23-07 which  
he was denied Medical Treatment and

CHECK ONE ONLY:

☒ Attention Officer's John Doe's, Lieutenant or  
Captain to check the Surveillance Camera on 9-23-08  
COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants) Also No Medical Treatment  
at intake with County Jail Div. 11

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Dawayne Tolliver
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20070072569
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002, Chicago, Ill. 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Jerry Pentimone #6054  
 Title: Police Officer  
 Place of Employment: Grand Central Police Station 3340 W. Fullmore
- B. Defendant: Dobek  
 Title: Police Officer  
 Place of Employment: Grand Central Police Station
- C. Defendant: Other Officers present at the scene <sup>To be subpoena</sup>  
 Title: Other Officer John Doe's <sup>Name</sup>  
 Place of Employment: Chicago Police Department <sup>Badge No</sup>

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Individual Officer with immediate contact with the plaintiff  
Individual Officer

Revised 9/2007

Chicago, Police Department  
Liability of Supervisory Officers, Other Officers present at the scene  
Police Officer John Doe's

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Dawayne Tolliver V. Cook County Administration  
Dawayne Tolliver V. Cook County Jail Sheriff
- B. Approximate date of filing lawsuit: 1-9-06, 10-3-06, 11-27-07, 11-29-07, 12-3-07,  
9-23-93, 1-9-08
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A  
Dawayne Tolliver
- D. List all defendants: Cook County Sheriff, Cook County Administrator  
Cook County Sheriff, City of Chicago, Chicago Police Department  
Jerry Pentimone, Officer Jenkins, Tony James, Superintendent  
John Stroger Jr Hospital, Provident Hospital, Bertina E. Lampton  
Edwin A. Brumette, Richard A. Divine, Assistant John Doe's
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois Eastern District
- F. Name of judge to whom case was assigned: Judge Gettleman
- G. Basic claim made: No Medical Treatment
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): yes the case still pending
- I. Approximate date of disposition: I haven't had on yet

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

Case 1:08-cv-00188 Document 7 Filed 04/25/08 Page 4 of 44  
names of case and docket number. Chicago Police  
Officer Jenkins

Approximate date of filing lawsuit. Sept. between Oct. 1993 / 1-5-06/10-27-06, 11-27-07  
11-29-07/12-3-07/1-9-08 / Three Times 1-9-08

List all plaintiffs [if you had co-plaintiffs] including and aliases N/A  
List all defendants; Cook County Sheriff, Cook County Administrator, Chicago Police Officer  
Jenkins, City of Chicago, J. Pentimone, James Noy, SOS, John Doe's Police Officers, John Stroger  
In Hospital, Prodent Hospital, Edwin A. Bruetee, Richard A. Diverse, Assistant John Doe's  
The Superintendent et al Cook County Dept. Corr. Snooks, other Police Officer's John Doe's

Court in which the lawsuit was filed if Federal court, name the district, if  
state court name the county; Northern District of Illinois Eastern District

Name of Judge to whom case was assigned; Judge Aspen, John W. Durrah,  
Gettlemen,

Basic Claim Made; Police Brutality or Misconduct, No Medical Treatment

Disposition of this case for example. Was the case dismissed? Was it appeal?

Is it still pending? No the case is <sup>not</sup> still pending; it was dismissed  
resolved

Approximate date of disposition? No, It haven't happen yet still  
waiting

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was denied Medical Treatment from grand Central Police Station 9-23-07. Deliberately, indifference, for Liability of Supervisory Officers, Other Officers present at the Scene, Individual Officer with immediate contact with the plaintiff On 9-23-07 when Dawayne Tolliver was denied Medical Attention, and was ignore Medical Treatment. Although the Supervisors weren't actually present at the scene they are liable for acquiescing their unlawful activities of abuse of power by failure to act has amounted to rough, reckless search of the indecent act to my body privacy in search for drugs, dig some sort of stick in my ass cheek. Which I have been trying to get Medical Attention for Medical Treatment and to no avail. I was ignore, disregard at grand & Central Police Department, which I was there all day yelling for assistance and not once ~~who~~ would anyone assist me, and then came a white-shirt I yell and call for him but to no avail he just ignore me after he came and straight out the surveillance camera a lieutenant, Captain John Doe, he letta exit the door. I have been trying to get Medical Treatment for my butt and it took months. Because when I arrived at the Cook County jail intake 9-24-07 I was told by an Dra Assistant John Doe that seem me, tell it to the judge in Div. 5 - 9-24-07 And now I was sent to Div. 4 and I put in.

Medical forms, request slips, and finally I had to write up some  
 grievances on the subject because I still wasn't getting any assist-  
 ance for my Medical problem my butt being sort and in pain so  
 I got some more grievances and kept on writing them up. And  
 finally I was seen but it took months from 9-24-07 To 1-15-08  
 to be seen by an Doctor in Div 11 and he gave me some <sup>thing</sup> for me  
 to take to have bowel movement. But I couldn't receive any from  
 Grand Central Police Department Officer 9-23-07 John Doe's  
 by the Police Officers that was at the scene is liable they never try to  
 prevent it from happening or to assist me with Medical Attention  
 for Treatment I couldn't get for some reason from Grand  
 Central Police Department Police Officer on duty there me crying  
 out for assistance and couldn't get any help. All because  
 of Jerry Pentimone <sup>#6054</sup> violated my privacy of my body an act  
 that was so offensive and undecent, in search of drugs. The Officer  
 tugged on the waist band of my pants to have clear view of my genitals  
 and then my rear area - using a piece of trash, [this being a stick of some  
 sort] from the ground to dig in my ass cheek in search of heroin,  
 "in public" Without any Medical Treatment for my butt  
 being mess up and still I have to live that moment over, over  
 again in my sleep which awakes me every night, Without getting  
 any Medical Attention for Medical Treatment since this  
 incident happen to me, this will offensive to any human being  
 being deprivation for Medical Treatment for my injury from  
 Grand Central Police Department John Doe's  
 Police Officer Jerry Pentimone 6054 and Officer John Doe's  
 Police Officer liable.

Revised 9/2007

## V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

They need to change their policy for someone that is  
 detain at their Police Station for pain and suffering  
 for not giving me Medical Treatment  
 for inflicting cruel and unusual punishment Ten million Dollars  
 on me pain and hurt physical pain and Mental anguish and Suffering  
 to be compensation

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

## CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Dawayne Tolliver  
 (Signature of plaintiff or plaintiffs)

Dawayne Tolliver  
 (Print name)

20070072569  
 (I.D. Number)

P.O. Box 089002  
Chicago, Ill. 60608  
 (Address)



Dawayne Tolliver 20070072569

P.O. Box 089002

Div. II D.C.

Chicago, Ill. 60608

Magistrate Judge Nolan

Judge Manning

Case No# 08 C 0198

I Dawayne Tolliver in respect to the court, I'm sending grievance forms, from the Cook County jail showing since that incident happen for me to receive Medical Treatment 9-24-07 when I arrived at the Cook County jail do to the encounter with Police Officer. On 9-23-07 no medical attention or treatment I receive and now, it took the Cook County jail 4 Months to receive any kind of concern by me writing up an grievance to receive any assistance about my butt being hard real hard bowel movement is none that's one of the problems I'm having concerning this issue or the pain I have been having and crying because of what the Officer did to me now they give me some kind of pills to have bowel movement, but nothing for the pain. Also I was i



Part-A / Control #:

X

Referred To: \_\_\_\_\_

☐ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Tolliver First Name: DwayneID #: 2007-0072569 Div.: 11 Living Unit: DG Date: 1/15/08

BRIEF SUMMARY OF THE COMPLAINT: This issue is concerning the Doctor Carlos Altez 1-15-08 Tuesday Morning I was on sick-call line, and I complain about my ass being sore do to my unfortunately encountered with Police Officer sticking something in my butt. And I wouldn't let Doctor Carlos Altez put his finger's inside of my butt, and he wouldn't put it on file, and now I have to write him up for not doing his job as a Doctor and putting down what happen to my ass, or my butt on 9-23-07 when I complaint about it since that I had Medical attention

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

The Federal Court Now knows about it Also

ACTION THAT YOU ARE REQUESTING:

To have my right to medical Treatment for my butt being poke with something inside my butt for TreatmentDETAINEE SIGNATURE: Dwayne Tolliver

C.R.W.'S SIGNATURE: \_\_\_\_\_

DATE C.R.W. RECEIVED: 1/15/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

**C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE**

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Tolliver First Name: Dwayne ID#: 2007-0072569Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges unprofessional conduct by M.D. regarding documentationC.R.W. Referred Griev. To: Crimak Date Referred: 1/17/08Response Statement: Referred to Medical Services

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 1/18/08 Div./Dept. CHS

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 24 Jan 08 Div./Dept. CHS

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 1/18/08Date Detainee Received Response: 1/25/08Detainee Signature: Dwayne Tolliver**REQUEST FOR AN APPEAL**

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 1/25/08

Detainee's Basis For An Appeal:

This have been too long to receive Medical Attention since 9-24-07 since I have been complaining about this Medical problem since I been hereAppeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☒

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Per CHS Admin. Mr. Tolliver refused to be examined.

Appeal Board's Signatures / Dates:

[Signature] 2/1/08[Signature] 2-5-08Date Detainee Rec'd the Appl. Bd.'s Response: 2/1/08 Detainee Signature: Dwayne Tolliver

GRIEVANCE CODE(S): ( ) ( ) ( ) ( )

Part-A / Control #:

Referred To:

☐ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Tolliver First Name: Dawayne

ID #: 2007-0072569 Div.: 11 Living Unit: DG Date: 1/24/08

BRIEF SUMMARY OF THE COMPLAINT: I haven't receive any Medical Treatment for my butt being hurt do to my encounter with the Chicago Police Officer the day of my arrest 9-23-07 when I start complaining about it 9-24-07 when I arrived at the Cook County jail and it took all this time me putting Medical forms, requests slips, and now grievances concerning the abuse I took from the Police Officer on that day. I am having problems using bowel movements and my ass is sore do to the pain I am feeling from the undecency expectation of privacy Violated by Police Officer, I still looking for Medical Treatment

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I have inform the Medical Staff here in Div. 11 1-15-08

ACTION THAT YOU ARE REQUESTING:

To receive medical Treatment

DETAINEE SIGNATURE:

C.R.W.'S SIGNATURE:

DATE C.R.W. RECEIVED:

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control #: XReferred To: Program Services☒ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Tolliver First Name: Dawayne

ID #: 2007-0072569 Div.: 11 Living Unit: C.C. Date: 2/13/08

BRIEF SUMMARY OF THE COMPLAINT: I received my appeal and it is a lie I Dawayne Tolliver never refuse any Medical examine it was Doctor Yu Being Unprofessional toward me. They are trying to make it look like I refuse and I never did that's a lie. I never sign anything refusing Medical Treatment that's why I wrote a grievance on that issue on Doctor Yu Unprofessional Medical Treatment and I never heard anything on that grievance I wrote on DGT and Social Worker Martinez has it and I still waiting on a reply

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I wrote grievance concerning this issue Social Worker

ACTION THAT YOU ARE REQUESTING:

I have them stop lying on me. I never refuse treatment and to get a doctor that want to assist me with my

DETAINEE SIGNATURE: Dawayne Tolliver

Medical Needs that's why I appeal stop covering up

C.R.W.'S SIGNATURE: See Wat - Pen DATE C.R.W. RECEIVED: 2/15/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

## C.C.D.O.C. DETAINEE GRIEVANCE FORM PROCESSED AS A REQUEST

## Please Note :

- If the detainee is not satisfied with the response and/or attempt at resolving this issue, the detainee may resubmit the concern and it will be processed as a grievance.
- When processed as a request, an appeal of the response and/or action taken cannot be made.
- When processed as a request, PART-B is not applicable.

Detainee's Last Name: Tolliver First Name: Dwayne

ID#: 2007-0072569 Div: 11 Tier/Living Unit: C C

Date of Request: 2/13/08 Date C.R.W. Received Request: 2/15/08

This request has been processed by: Soc Worker Dean C.R.W.

## Summary of Request:

Detainee  
Wants to see a doctor and said  
he didn't refuse treatment

## Response and/or Action Taken:

Per Cermak Detainee Refused treatment  
all levels of response have been  
exhausted see attached appeal

Soc Worker Dean - Soc Worker Dean Date: 2/20/08 Div./Dept. 11  
(Print- name of individual responding) (Signature of individual responding)

**C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE**

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: Tolliver First Name: Dawayne ID# 20070072569Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges lack of medical attentionC.R.W. Referred Griev. To: Carmak Date Referred: 3/13/08Response Statement: Referred to Medical ServicesC. Smith [Signature] Date: 3/13/08 Div./Dept. CHS  
(print - name of individual responding to this griev.) (signature of individual responding to this griev.)Capt. T. ELEGANT SA [Signature] Date: 03/17/08 Div./Dept. CCOO  
(print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)[Signature] Date: 3/14/08  
(print - name of Prog. Serv. Admin. / Asst. Admin.) (signature of Prog. Serv. Admin. / Asst. Admin.)Date Detainee Received Response: 3/18/08 Detainee Signature: Tolliver**REQUEST FOR AN APPEAL**

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal:      /      /     Detainee's Basis For An Appeal:     Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:     Appeal Board's Signatures / Dates:     Date Detainee Rec.'d the Appl. Bd.'s Response:      /      /      Detainee Signature:     GRIEVANCE CODE(S): (      ) (      ) (      ) (      )

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)